STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

http://www.cdphe.state.co.us

Colorado Department of Public Health and Environment


**Breast and Cervical Cancer Screening Program (BCCSP)**
**Advisory Board Meeting Minutes**
**April 24, 2013**

**Location:** Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Colorado 80246

**In Attendance:**
Judi Jackson, MSA, BSN, RN-C, Colorado Springs, Colorado, **Chair**
Emelin Martinez, Family Nurse Practitioner, Valley-Wide Health System
Eileen Thomas, PhD, RN, Assistant Professor CU Denver School of Nursing
Sue Tompkins, President of Women's Cancer Coalition, Dolores, Colorado
Jane Lose, CNM, ANP Metro Community Provider Network, North Aurora Family Health Services Nurse and Midwife
Largressa Munnerlyn, WWC Consumer

**Absent:** Barbara Newton, Susan G. Komen for the Cure, Aspen VP, **Vice Chair**

**State Representation:**

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| Emily Kinsella | Unit Manager |
| Krista Beckwith | Community Projects Coordinator |
| Jennifer Walsh | Nurse Consultant |
| Ivy Hontz | Operations Coordinator |
| Kris McCracken | Program Coordinator |
| Amanda Howard | Data Manager |

## I. Call to Order & Introductions – Judi Jackson

Ms. Jackson called the meeting to order and verified that a quorum was present.

## II. Review & Approval of Meeting Minutes from February, 2013 – Emily Kinsella

Due to a combination of various technological issues, the February meeting was not recorded. Ms. Kinsella apologized that she has not yet written up the minutes from this meeting, but she said that the minutes would be forthcoming for the Board's approval.

## III. WISE Women Competitive Grant Opportunity – Emily Kinsella

The WISE Women funding opportunity was issued about two months ago from the Centers for Disease Control and Prevention on a competitive basis. Ms. Kinsella noted that the grant is available to agencies such as WWC that are participating in the National Breast and Cervical Cancer Early Detection Program through the CDC. The grant is to be used by the awarded agencies to offer cardiovascular risk reduction screening, counseling and referrals to their screening clients.

Ms. Kinsella said that WWC has been frantically writing this grant request for the last two months and the application is due April 30. It is a four-year grant that will run concurrently with WWC's federal funding from the CDC for breast and cervical cancer screening program. The CDC will be funding 21 state organizations, etcetera. Currently, 21 organizations are funded, so WWC would have to replace one of the organizations, or one of the current organizations may not apply. WWC is the only NBCCEDP-funded in Colorado, so WWC is the only organization that can apply in this state.

One of the Board members wondered if WWC had participated in this grant before because she felt it sounded quite familiar. Ms. Kinsella said WWC had a look-alike kind of program some time ago. It was a state-funded program called Smart Women that was based on the WISE Women model. The model is an evidence-based model to reduce risk factors for cardiovascular disease.

Ms. Kinsella noted that the grant would not provide sufficient funding for WWC to offer the WISE Women screening to all of its breast and cervical screening clients. Thus, WWC had to make a determination as to which portion of its client population would be targeted for these funds. A GIS map was put together by the department's informatics unit that highlights areas of greatest risk factors for cardiovascular disease, including areas of high cholesterol, obesity, tobacco use, diabetes, etcetera. The geographic areas are then color-coded using red to indicate areas where risk factors were greater than in the state as a whole and green to indicate areas where risk factors are lower than in the state as a whole.

Another decision that was made was to limit access to the program to those agencies that are primary care sites. Thus, if a client is diagnosed, via cardiovascular risk screening, with diabetes, hypertension, etcetera, they would be able to be seen at that site for treatment and ongoing care. Lastly, a requirement of the WISE Women program is the ability to refer clients to an evidence-based diabetes prevention program. Thus, the GIS map described above also shows the location of WWC agencies and the location of evidence-based diabetes prevention program providers. WWC will further limit access to those agencies that are located within reasonable proximity of one of these providers.

Based on the above criteria, the counties that WWC has decided to target are as follows: Costilla County (central southern border), Pueblo County, Otero County (east of Pueblo County), Lincoln County (central eastern plains), Adams County (just north of Denver) and Morgan County (north of Adams County). The WWC agencies that have primary care clinics in these counties are Valley-Wide Health Services, Pueblo Community Health Center, Southern Colorado Family Medicine, Plains Medical Center and Salud Family Health Centers. These agencies have expressed interest in participating in the program if WWC receives the funding.

A flowchart illustrates the basic components of the WISE Women program:

- Additional screening provided at time of breast/cervical cancer screening to include blood pressure, glucose, cholesterol, etcetera.
- If any of these risk factors are found to be present, clients will receive risk reduction counseling and treatment and, if eligible, they will be referred to the diabetes prevention program or another community resource
- Rescreening for cardiovascular risk factors in 12-18 months.

These screening tests and services will be paid with grant funds. The eCaST Data System will be modified to collect the relevant data for the WISE Women program. A bundled payment system, similar to WWC's payment system, will be utilized so that agencies receive a base payment for normal screenings, a higher payment for abnormal screenings that indicate risk reduction counseling is appropriate and a higher payment for abnormal screenings that indicate referral to a diabetes prevention program is appropriate. Incentives for completing the entire yearlong diabetes prevention program are being developed.

The grant follows the CDC's Chronic Disease Prevention and Health Promotion Four Domains:

- Surveillance and epidemiology – collecting, analyzing data pertinent to the targeted at-risk population, changes in the population, outcomes of the program.
- Environmental approaches – creating options within the communities to encourage healthy lifestyle behaviors, such as improving opportunities for healthy eating, active living, tobacco cessation, etcetera. WWC will partner with the Healthy Living and Chronic Disease Prevention branch of the Department to implement and fund these opportunities where needed.

- Health systems interventions – modifying the health system to offer relevant screenings and services.
- Community-clinical linkages – improving coordination between community programs and health systems (i.e., WISE Women referrals to evidence-based diabetes prevention program and other community resources as appropriate). WWC will work with the Healthy Living and Chronic Disease Prevention branch to expand cardiovascular services through community health workers, patient navigators, pharmacists, etcetera.

One of the Board members asked if WWC felt fairly confident that the program would be awarded the grant. Ms. Kinsella replied that they feel really good about the application, and they are hopeful. She said that the biggest concern is that 21 organizations are already funded and the program only has room for 21 organizations, so there is not necessarily a new or expansion opportunity.

One of the Board members wondered if there was a Medicaid component to the WISE Women program, in case a client should be found to be seriously at risk of or already in the process of developing cardiovascular diseases or diabetes. She offered an example of a client who is found to need an immediate bypass. Ms. Kinsella said that, unfortunately, there was not. However, one of the Board members noted that most, if not all, of the agencies chosen to participate in the program have access to CICP. Ms. Kinsella agreed, noting that the availability of these other types of resources is one of the reasons that these kinds of agencies were chosen.

Ms. Kinsella pointed out that all of the above is currently in a proposed-only status. Once and if funding is received, the process of contracting with individual agencies and structuring the program and supporting systems will begin. She said that it is a great opportunity for the women that WWC serves.

One of the Board members pointed out that it might be interesting to see how Colorado Heart Healthy Solutions handles situations where clients are found to be in need of immediate and/or intensive intervention. She noted that she assumed that that organization was not equipped to provide that level of care either, so it might be useful to learn how they connect their clients to available resources in those situations. Ms. Kinsella explained that she and Ms. Beckwith had actually met with Colorado Heart Healthy Solutions yesterday. She said that their program is quite similar to the WISE Women program, except that it is provided through community health workers and/or patient navigators.

During the meeting, they discussed possible partnership or collaboration opportunities or joint trainings, as well as how to handle overlapping populations between the two programs. She notes that Colorado Heart Healthy Solutions has a presence in 20-25 Colorado counties, so they may be able to provide resources to WWC.

Ms. Kinsella said that the program creates exciting partnership and collaboration possibilities in the cardiovascular screening realm. She noted that WWC had received some letters of support from some agencies including Colorado Heart Healthy Solutions, as well as from the Chronic Disease branch and from the Office of Health Disparities. She said that a letter of support from the Board might be helpful as well.

Ms. Beckwith reviewed her meeting with Colorado Heart Healthy Solutions as well. She noted that the programs discussed sharing information between the programs. For example, sharing WWC community coordinator information with Colorado Heart Healthy Solutions, so that all the community health workers in particular a region would know who their WWC community coordinator is. This would allow WWC to share information about its program and how it operates. They discussed having community health workers come in for the next American Cancer Society Summit to talk about Heart Healthy Solutions. At that point in time, WWC would have a better idea of whether or not it would be funded for the WISE Women program.

Ms. Kinsella said that, although she has not worked with the CDC on a grant application, in her experience, awardees are generally not notified until just before the grant period begins. In this case, the funding starts July 1, 2013, so she would expect to hear in late June. She assured the Board that WWC would keep members apprised of the application status.

One of Board members asked if there are or will be people in place to begin immediate implementation of the WISE Women program on July 1 if WWC is awarded the grant late in June. Ms. Kinsella said that there was no way that WWC would be able to immediately begin screening clients for the WISE Women program. She said the first 3-6 months will involve building the data system, executing contracts, etcetera. Unlike the WWC program where contracts can begin to be executed prior to the funding date because funding is fairly certain, even if the amount is undefined, it would not be feasible to begin the contracting process prior to notification of a grant award.

One of the Board members wondered if there was an implementation timeline that was submitted with the application. Ms. Kinsella said there was. She noted that the application was quite lengthy. She said it was an 18-page application with a 25-page work plan.

## IV. Board Vacancies – Emily Kinsella

Ms. Jackson noted that there was one vacancy on the Board currently and Dr. Thomas' term ends in July.

Ms. Kinsella that there had been discussion as to whether the Board should attempt to define specific areas of experience or perspectives that it would like to include on the Board via its two new members.

Part of the discussion should be identifying areas of expertise, experience or perspective that already exist within the Board. The next step would involve brainstorming to determine if there are areas where the Board is lacking in expertise, experience or perspective.

Ms. Tompkins wondered if there was anyone else from the Western slope. She noted that the Board used to have a physician from Rifle.

**[Transcription note: Connection problems with teleconference, discussion not transcribed for relevance. 21:07-27:47]**

Ms. Tompkins noted that the Western slope does have an isolation issue and a lack of primary care providers on site. She said that the Western slope tends to have different issues than more urban areas. Ms. Kinsella noted that Ms. Martinez is from the San Luis Valley. Ms. Tompkins said that the area is not West slope, although it is a more rural area. Ms. Jackson noted that Ms. Newton (not present) is located in Aspen. Ms. Martinez agreed that her area was not considered Western slope.

Ms. Jackson said she was in the Colorado Springs, El Paso County area. She noted that she started the WWC program in a community health center in this area, and she is still in contact with many of the people from that area through her work on different committees. She said she felt that she can represent that geographic area. She also said that she agreed that the Board needs to be well-rounded, but acknowledged that, in attempting to fill past vacancies, it has been hard to get people interested in serving on the Board. She did note that she was happy to have some consumer representation on the Board. She wondered if community partners, such as American Cancer Society or other entities that might bring a different opinion to the table, might be a source of potential board members. Ms. Kinsella noted that Ms. Newton represents Komen. Also, Ms. Beckwith works extensively with community partners in her WWC role as Community Project Coordinator.

Ms. Beckwith also pointed out that, because WWC funds American Cancer Society to such a large extent, it would be inappropriate to have an ACS coordinator on the Board, since a large portion of their salary is directly funded by WWC. This would create a conflict of interest, even though ACS coordinators have expressed interest in serving on the Board. She wondered if Terry Stanfill would be interested in serving as he is not directly funded under the WWC grant. Mr. Stanfill oversees Linda Gregory, the executive director of the WWC program at ACS. Ms. Beckwith said she would be very supportive of his participation on the Board. She also noted that Ms. Gregory could possibly suggest other people at ACS who could serve on the Board. Ms. Beckwith also said that, were it not for the conflict of interest, she would support Ms. Gregory serving on the Board.

Ms. Jackson asked about representation from someone involved in the political arena or in advocacy for women's health issues at the state level. Ms. Kinsella said that Komen does that to an extent. Ms. Jackson wondered if there was currently or if there had been representation in the past from Planned Parenthood. Ms. Kinsella said the same funding/conflict of interest concerns would be somewhat of an issue, although she acknowledged that WWC also funds MCPN, who is represented by Ms. Lose on the Board.

Ms. Beckwith said the difference with ACS is that WWC funds direct salary positions, whereas with the service providers, WWC funds the program as a whole. She suggested that, for a community partner perspective, perhaps one of the screening navigation contractors, with whom WWC no longer contracts, might be interested in serving. She noted that Women's Resource Center in northern Colorado might offer a relevant perspective because they know WWC's program, but they are no longer funded by WWC. She also mentioned Rural Solutions in northeast Colorado. Ms. Beckwith also noted that there is a position at ACS that handles policy and advocacy for ACS. That individual might also offer a relevant policy point of view from outside of Komen.

Ms. Lose suggested, from the medical side of things, particularly in light of the possible expansion of WWC to include a cardiovascular component, that the Board consider a primary care provider. She noted that, even though she is an Adult Nurse Practitioner, she does not, for the most part, actually provide primary care at this time. She opined that a primary care provider might provide a helpful perspective on the Board. Ms. Kinsella noted that Ms. Lose represents a clinical provider and a WWC contract agency.

Ms. Martinez noted that she has worked with Lisa Testaverde who was a project manager on a diabetes prevention program, although she was not sure whether or Ms. Testaverde would have the time and/or interest in serving on the Board.

Ms. Jackson asked if there were any past Board members from the Medical Advisory Committee who might be willing to serve on the BCCSP Board and provide a primary care provider perspective. Ms. Kinsella said that was as good thought, but she acknowledged that it is difficult for providers to step away from seeing patients to attend Board meetings. Further, the providers were often working in situations where they did not control their own schedule.

Ms. Tompkins noted that it is important to have rural input on the Board.

Ms. Munnerlyn said she represented the consumer perspective as she has utilized the WWC program. She said she felt that a community advocate/activist viewpoint would be valuable, as well as being able to promote the program in the community. She noted that she was fairly active in the community herself and could provide that input to some extent.

Ms. Martinez said she has experience working in and with community health center systems. Her organization provides care to underserved populations, including five clinics in rural areas throughout the San Luis Valley, in La Junta, Rocky Ford and Canon City. A large percentage of her organization's clients are Hispanic.

Ms. Kinsella said that Ms. Newton (not present) is located in Aspen, a mountain resort community. She noted that resort communities have unique needs for services due to the dichotomy of service workers versus resort consumers. Ms. Newton also serves on the Komen Board in Aspen.

Ms. Hontz said she was hearing a lack of policy-oriented or advocacy-oriented viewpoints. She opined that it sounded as though the Board has a good regional/geographic mix. She noted that the vision and purpose of the Board (to be discussed later) enables it to do lobbying and advocacy in the community, which WWC cannot. She felt that this was an area where the Board could use some support.

Ms. Hontz said she would draft a letter of notification of Board vacancy, hopefully by the beginning of May, while Board members begin gathering names of potential applicants. Each Board member will have the opportunity to review applications. She said that current members should consider applicants who would complement the existing Board and be willing to serve on an engaged, participatory group. Ms. Hontz noted that Ms. Tompkins has agreed to serve a second term. She opined that the current Board has good momentum and the selection of the new members would be very important to the Board going forward. She also noted that, if the WISE Women grant is awarded, it might be advantageous to invite someone from a cardiovascular advisory board to join the BCCSP Board.

Once the letter of notification is ready, Ms. Hontz asked that current Board members post the letter to their networks as appropriate. WWC will post the notification through Colorado Public Health Association, through ACS and through as many contacts as the organization has through its media department. Ms. Hontz said she would send the application out for Board members to critique. She noted that, simply from a logistical standpoint, the application needs to be cleaned up and updated to make it as easy as possible to use.

Ms. Kinsella noted that expertise or experience in terms of reaching those women who are "rarely or never screened" and who are not otherwise active in the healthcare system for preventative/routine care would be beneficial to the Board, but she acknowledged that she was not sure who would best represent that perspective. Ms. Jackson said that she had been thinking along the lines of the Native American population, an underserved group, and seeking representation from that community. She said sites that formerly provided WWC services but no longer do might also offer valuable input. For instance, Moffat County, Craig and Meeker did not apply for the RFA. Ms. Kinsella mentioned the Colorado Coalition for the Medically Underserved.

Ms. Kinsella also suggested that the Board might benefit from the input of an individual with expertise in healthcare reform.

Ms. Kinsella summarized the list of desirable characteristics for potential Board members as follows:

- Policy or advocacy experience
- Medical provider (primary care or cardiovascular)
- Representative of underserved community
- Employee/contractor working with an organization that is familiar with underserved communities
- Geographic presence in areas other than metro and southern Colorado

Applicants that possess one or more of the above qualifications will be strongly considered.

Ms. Beckwith wondered if the application lays out the expectations of participation, etcetera, for potential Board members. Ms. Kinsella and Ms. Hontz said expectations of Board members (timely responses to emails from WWC, consistent attendance at Board meetings, etcetera) will be identified in the notice of Board vacancy letter that is sent out. Ms. Beckwith pointed out that clearly identifying these expectations at the beginning of the application process helps ensure that new Board members stay engaged.

Ms. Kinsella said that Ms. Hontz will draft the notice letter and it will be submitted to Board members for input/comments. Ms. Hontz noted that it would be good to be able to have the new members voted in prior to the July meeting. Therefore, she recommended that current members review applications prior to the next meeting as has been done in the past. She suggested that a conference call could be scheduled for the express purpose of allowing all current Board members to discuss the applicants if needed. Ms. Jackson said applicants could be reviewed and ranked via email with a conference call only being necessary to resolve a tied vote/ranking.

Ms. Newton wondered if there was any advantage or need for a male perspective on the Board. Ms. Kinsella noted that the program does not serve men so she does not need to specifically target men to serve on the Board. Ms. Newton said she did not realize that WWC does not serve men (as Komen does). Ms. Kinsella said that the restriction is imposed as a condition of the program's federal funding.

Ms. Tompkins wondered about the current Board vacancy. Ms. Hontz noted that Ms. Tompkins filled the slot that was vacated by a Board member (perhaps Mary) who only attended one meeting, leaving Ms. Tompkins' Board position vacant. Ms. Tompkins said that she had reviewed the Board's Bylaws and did not see anything prohibiting a Board member from serving a second term. Ms. Hontz said that the Board may want to address term limits in a future discussion. Ms. Tompkins pointed out that it takes an entire term just to get up to speed on the program and issues facing the Board.

Ms. Jackson also noted that Ms. Tompkins represents a geographical area that would otherwise be lacking on the Board. Ms. Tompkins said that she also has significant contact with the two providers in Montezuma and Dolores Counties as they are both involved, as is Ms. Tompkins, in the local Women's Cancer Coalition group that meets monthly.

Ms. Hontz mentioned that Dr. Thomas wondered if the Board wanted to fill her position, which will be open in July, 2013, with someone from academia, perhaps from the University of Colorado School of Nursing.

**V. Board Email – Judi Jackson**

Ms. Jackson brought up the question of public access to the Board. She said that she was able to get the Board an email address, and as the Chair, she has been checking to see if there is any email correspondence every couple of weeks. There has not been any to date. If there would be any in the future, Ms. Jackson would share it with Ms. Kinsella and Ms. Hontz to prepare a response, or direct the email to the appropriate Board member if the email is specific to a certain site or organization. Ms. Kinsella suggested that the email address be used for submission of Board applications.

**(break 1:01:19 – 1:06:19)**

**VI. Data Updates – Amanda Howard**

Ms. Howard noted that the data snapshots are up-to-date through Monday when the last billing run was completed. Bill runs are done on the 15th of every month. All completed cases that are complete in eCaST are paid at that time. Currently, WWC is 79.2 percent of the way through the current fiscal year. Spending is still a little bit behind at 69.1 percent, but there are some funds that are included in the total that can be transferred to the next fiscal year, so the actual percentage spent is closer to 71 percent.

Ms. Kinsella explained that WWC applied and received $200,000 in expansion funds through the Affordable Care Act, which will allow the program to screen about 600 more women. This was distributed to agencies based on the penetration rate map with agencies that serve red or orange counties being given priority. This funding technically extends through September, although the goal is to spend it by June because it would make things simpler. However, if not all funds are expended by June, this money could be carried over and added to agency contracts for the next fiscal year. This would just create a little bit more work. Ms. Howard noted that agencies who received expansion funds are indicated by a double asterisk on the penetration rate map.

To date, WWC has spent $4,196,047 to screen 12,465 women. The number of women served is a little bit lower than where the program was at the same time in FY2011, but the program's cost per woman is a little bit higher this year. At the

bottom of the data update report is the statewide cost per woman: $336.63. This is a cumulative average cost per woman of breast and cervical services combined.

To date, WWC agencies have diagnosed 203 cancers: 158 breast cancers and 45 cervical cancers. Ms. Howard identified an error in the field that is supposed to reflect women enrolled in BCCP to date. She indicated that she would correct this. Ms. Howard briefly reviewed the bundled payment systems levels:

- B1 or C1 = a normal clinical breast exam or pelvic exam with no additional follow-up needed
- B2 or C2 = a normal screening mammogram or Pap test with no additional follow-up needed
- B3 or C3, B4 or C4 = abnormal finding leading to diagnostic procedures

This year, WWC started covering HPV exams as a screening tool at the C3 level, so there has been a sharp increase in C3 level payments. This has also contributed to the increased cost per woman.

Ms. Jackson asked what "cervical manual adjustments" represented. Ms. Howard explained that WWC tries to encompass as many scenarios as possible in the bundled payment system. However, there can be cases that require a specific or unusual diagnostic procedure. These procedures are so rare that it is not worth including the cost of the procedure in the bundled payment system, but WWC does not want to penalize agencies by paying them less. For example, a ductogram may be needed in a particular case. The agency will contact Ms. Walsh for preapproval, and if the ductogram is approved, WWC will pay the agency an extra amount to cover the cost of the procedure at the CPT code rate. Another example is a case where a second biopsy is necessary (e.g., LEEP or colposcopy). Again, WWC will pay an additional amount for the procedure (based on the CPT code rate) once it has been preapproved. So far, there have been only eight manual adjustments to date, indicating that the bundled payment system pretty well encompasses all common and usual diagnostic procedures.

Other demographics for the current fiscal year:

- 55 percent of women screened to date are returning patients
- Denver Metro represents a significant portion of the regional distribution
- 50 percent of women screened are white, non-Hispanic and 33 percent are white, Hispanic. This breakdown has not changed significantly over the year

The screening caps graph is a tool that WWC generates monthly to track overspending, under-spending and on-budget across individual agencies. As shown, many agencies have spent about 69 percent of their budget at 79.2 percent of the way through the fiscal year. There are two agencies that have closed out their contracts. Inner City Clinic will be closing out as well. Kit Carson County is currently overspent, but they also have a very small amount of funding, so any higher level case (e.g., B4 or C4) can push their spending level up significantly. Ms. Kinsella said she has been looking into this to see how WWC can help them.

Ms. Kinsella noted that, in late February, WWC reallocated some funding from under-spending agencies to agencies that were overspent or on-budget. One of the Board members wondered if there were plans to do an additional reallocation. Ms. Kinsella said that, at the end of the fiscal year, there will probably be some agencies that did not fully spend their budget and some agencies that overspent, so there will be an opportunity to reallocate funds after the fact at that time.

One of the Board members expressed confusion regarding that process. She asked if an agency could take on a case and provide services then be denied reimbursement. Ms. Kinsella explained that an agency might take on a case and pay for a woman's services out of their own funds. WWC can then reallocate underspent dollars from another agency to reimburse them, although this is not guaranteed. Ms. Walsh explained that, at year-end, there will be a lot more communication between WWC and agencies. In fact, there is a meeting scheduled to discuss some of these issues. There are HIT calls with the agencies to discuss this process and there is much discussion between the agencies and Ms. Walsh over the last month of the fiscal year or so.

Ms. Jackson asked if all agencies' data input is up-to-date at this time. Ms. Walsh said this will be a big part of the upcoming discussion. The message from WWC is, "If agencies want help with spending management as year-end approaches, the individual agency must be current on its data entry at all times." Agencies with the most accurate, up-to-date data entry will be the agencies that can expect WWC to help with budget overages or shortages.

Ms. Kinsella said that the Board had a long talk about this at their last meeting. It is difficult to find the happy medium between an agency running out of money or overspending versus under-spending or having money left over at the end of the year. She thanked the Board for its great suggestions at that meeting. She said that part of the issue can be resolved with appropriate planning from the beginning of the fiscal year. She also noted that individual agencies do not see the entire screening caps graph; they only see their own progress versus their own budget. Ms. Howard said she had hoped the graph would look a little better than it does this month. Ms. Kinsella agreed.

Ms. Kinsella noted that three brand new agencies had been brought in for the current fiscal year. St. Thomas More in Cañon City has been very successful with budget management. They are located in a red area on the WWC penetration rate, so this is particularly gratifying. The other two agencies are struggling with under-spending, but they seem to be trying. Ms. Jackson asked if their lack of success was simply due to a lack of eligible population. Ms. Kinsella said a lot of the problem that Meeker has had is undocumented, and therefore ineligible, women. Penrose has had issues in that their Pap provider left just as their contract started. They had to bring another provider on to provide these services, but there was a little lag. They were able to spend some funds because of referrals in for diagnostics.

One of the Board members asked where Marillac Clinic was located. Ms. Kinsella said it was located just outside of Grand Junction. Ms. Howard said Marillac Clinic took on a lot of Mesa County Public Health clients when Mesa County Public Health closed their contract with WWC.

Ms. Kinsella said that, in the budget reallocation and expansion fund allocation process, some agencies that had been performing at or above budget appeared to lose some ground due to additional funds being allocated to them, but now they are catching up again. She noted that Ms. Hontz is in contact with under-spending agencies on a monthly basis. Ms. Hontz said that, oftentimes, it is just a matter of data not being fully up-to-date. Ms. Howard said that agencies will start to catch up on data entry as year-end gets closer as more and more cases are identified and entered.

One of the Board members asked about a provider email regarding an eligibility check in Dove Creek, presumably leading to WWC "recapturing" some funds. Ms. Kinsella acknowledged that reallocating is a hard thing because each agency has its own reasons regarding spending. It is difficult to know which situations constitute a one-time occurrence that will be made up for in the future and which situations are recurring. She noted that WWC sets reallocation criteria at a specified percentage to eliminate as much subjectivity as possible.

Ms. Hontz said she felt that WWC was getting better at educating agencies as to where they should be regarding their spending at any given time of the year, but Ms. Kinsella acknowledged that it is still a tough process as per the email under discussion. One of the Board members noted that this challenge is not unique to WWC. Ms. Hontz said that the RFA proposals that came in probably helped agencies to make these adjustments because the agencies had to document their numbers. If the numbers seemed unrealistic based on history, the agency's funding went down. Ms. Howard opined that it has been tough for agencies to plan given the lean year last year when the question was about how agencies could slow their spending. Conversely, in the current year, agencies have been encouraged to increase spending.

## VII. Komen/WWC Partnership Project Update – Amanda Howard

Ms. Howard also noted that the Komen/WWC Partnership project is coming to an end. A billing run was not run for the Komen partners on Monday because those contracts will be closed out completely at the end of this month. Most of the agencies had already fully spent their contracted funds as of the March 18 bill run. Thus, the numbers reflected on the current report will not change much. All of the funds allocated to this project will likely be expended except for some funds remaining in Grand River's allocation.

Through the Komen partnership, WWC saw 1,762 women. The abnormal rate for the project was 31 percent. This is a little bit higher than the breast abnormal rate for WWC, which is 20.20 percent. This is mainly because the Komen population encompasses younger, symptomatic women who then go on to diagnostics, and this is not a surprising finding. Most agencies did a good job of spending management. The cost per woman for the project as a whole was $316, but there is a wide range from $243 to $441 per woman on an individual agency basis.

Ms. Howard noted that WWC applied its CDC core indicators to the Komen project to see if participating agencies would be able to meet the same timely and completed care indicators, and in fact, the Komen partnership agencies were able to exceed WWC agencies' performance on these indicators. 99 percent of the women seen under the project had complete follow-up and only 4.2 percent of those women went over 60 days to get to their final diagnosis. This is an exciting finding.

Ms. Jackson asked to what Ms. Howard attributed this success. Ms. Howard replied that it has not been specifically determined yet; however, in general, breast cases are somewhat easier to bring to completion than cervical cases, and the Komen project does not include cervical services. Colposcopies and other cervical procedures can often go over 60 days. She did suggest that perhaps more efficient/effective agencies were selected for participation in the project. Ms. Kinsella opined that it was likely that the Komen population contained more women who came into the program with symptoms as compared to the WWC population. Symptoms would likely motivate clients to quicker follow-up/completion.

Ms. Walsh pointed out that, in general, breast cancers tend to move more quickly than cervical cancers; thus, abnormal Paps do not usually result in as great a degree of provider urgency regarding diagnostic scheduling. Ms. Howard said that, even when comparing WWC and Komen core indicator performance relevant only to breast services, the Komen agencies still outperformed the WWC agencies as a whole. Of course, it is a much smaller sample population.

Ms. Howard said there were 20 cancer diagnoses in the partnership program this year. Seven of these were in women under 40 years of age, and 17 of these were in women who did not meet the "legally present" WWC eligibility criteria. Ms. Kinsella observed that Komen is really designed to wrap around WWC. For instance, Komen is able to see men, younger women with breast abnormalities and undocumented women. Ms. Howard said three men were screened under the partnership project, still a very small percentage. 69 percent of women screened under the project were not verified.

Ms. Kinsella explained that the Komen partnership is ending and will not continue in the future. Some of the participating agencies applied directly to Komen for funding, and Komen has not officially released anything, although they did verbally confirm that all of the participating agencies did get received at least partial funding.

Ms. Howard said that WWC hoped to someday get Komen back in the database because this has been such a good resource for them. WWC is currently in talks with Komen regarding this data sharing, but this would be a different type of partnership between Komen and WWC directly. Ms. Jackson noted that Komen does not have the means to track data to the extent that WWC is able to.

**VIII. Board Training and Vision for the Upcoming Fiscal Year – Emily Kinsella**

Ms. Kinsella said this agenda item was included to offer Board members the opportunity to discuss the upcoming fiscal year and identify whether there are any specific training needs amongst Board members. Also, she asked for input regarding the Board's vision for the upcoming fiscal year.

Ms. Jackson asked if there had been any discussion regarding implementation of the Affordable Care Act and how that will affect WWC's mission and objectives. Ms. Kinsella said there has been some talk regarding this important topic. Ms. Howard pulled some data regarding the Medicaid expansion, which is currently in the legislature and appears to be moving forward. The expansion will extend Medicaid eligibility to all people who are legally present in the state who have incomes below 133 percent of the federal poverty level. WWC eligibility starts at 250 percent and below the federal poverty level. So, the question to be addressed is, how many of the women currently served by WWC would be covered by Medicaid expansion? Ms. Howard's data review shows that the answer is 75 percent of current WWC clients would fall into this category.

Thus, Medicaid expansion will definitely impact WWC's program. WWC has talked a little bit with the health systems people in the department who are the experts on the Affordable Care Act. These experts cite Medicaid for children. Even with significant marketing and outreach, 30 percent of eligible children are not enrolled in Medicaid. Thus, it can be assumed that some women who are included in the 75 percent who are eligible for the Medicaid expansion will not enroll for various reasons. The number of women who are eligible but not enrolled may be even more significant because there may not be an aggressive marketing push for the Medicaid expansion. Therefore, there will still be a need for WWC services. Furthermore, it will take time for all eligible individuals to enroll in Medicaid. In the meantime, these individuals will still need services, even though they are eligible for the expansion.

Ms. Kinsella explained that one of the roles that WWC is considering a patient navigation role that would consistent of WWC paying agencies to enroll women in Medicaid and/or the health insurance exchange. This role was included in WWC's grant for next year, and it will likely be piloted with two WWC agencies to be determined. This could be important because agencies will have somewhat of a disincentive to enroll women in Medicaid due to the fact that if women are enrolled in Medicaid, they will no longer be eligible for WWC. This might be similar to WWC's Connect to Care program, which encompassed case management and patient navigation for women who were not eligible for WWC.

Another consideration is that one of WWC's funding requirements from the CDC is that the program must spend 60 percent of the funds it receives on direct services to women, such as providing Pap tests, screenings, etcetera, as opposed to providing client education. Ms. Jackson asked if patient navigation and case management are considered direct services, and Ms. Kinsella said that they were. Therefore, the WWC patient navigation role discussed earlier would qualify as direct services. Further, discussions with CDC seem to imply that this is the direction that they foresee for this program in the future.

Ms. Kinsella acknowledged that WWC personnel, as well as BCCSP Board members, need to continue to educate themselves on healthcare reform and how it will impact WWC. For this reason, it might be important to have a Board member who is well-versed in reform. She opined that there will be an ongoing need, in spite of healthcare reform, for payment of these services due to people who "float" on and off Medicaid for various reasons, including eligibility, failure to pay private insurance company premiums, changes in employer-provided benefits, etcetera. A health systems expert predicts that there will be a significant number of individuals who will "churn" back and forth from insured to not insured. WWC will continue to serve as a safety net for these people.

Ms. Beckwith wondered if someone from the Colorado Health Benefit Exchange (CoHBE) would be a good fit for the Board. Ms. Jackson agreed that that would be a useful perspective as far as training and education to keep the Board up-to-date on healthcare reform. Ms. Beckwith said that a CoHBE member could provide information on those sites around the state that will offer health insurance education for consumers which will help consumers navigate the insurance purchase process. Ms. Kinsella noted that there is funding available for agencies to be insurance navigators because there is a learning slope associated with becoming insured for those people who have never been insured before. She said it might be useful for a health systems expert to address the Board regarding some of these issues, such as what the Medicaid application process will look like for consumers and what WWC needs to consider in the future.

Ms. Jackson noted that there were some organizations that provide Board training regarding roles and responsibilities. She wondered if there was someone in Denver who could provide that type of training. Ms. Lose mentioned that she was planning on participating in a site visit with Ms. McCracken to help her learn more about the WWC program on a practical level. She said that her perspective as a clinician has not really given her an in-depth understanding of the program. She would like to have a better grasp of the administrative side of things, such as the referral process, communication between sites and WWC, roles within WWC, etcetera. She said that allowing Board members to attend site visits might be useful for attaining a more comprehensive understanding of the program. Ms. Jackson agreed. Ms. Lose said it would also give the Board the opportunity to be more visible. This might be helpful in terms of recruiting new Board members and being more useful to the program.

Ms. Kinsella said that WWC will offer an all-day training on July 12 to benefit its new agencies. This will also meet the "post award meeting" requirement, giving agencies the opportunity to review their contracts in detail. The training will also offer a program orientation and overview as well. She said Board members would be welcome to attend. This would also give the program the chance to introduce the Board members to the new agencies as well as some of the local community coordinators, who may be doing some presentations alongside WWC personnel. Ms. Lose said she would be interested in participating. Ms. Kinsella explained that this training will not encompass much clinical training as the program does not want to pull clinicians away from their sites for an entire day. There may be the possibility of a remote/Webinar version of the training to help reduce transportation costs to agencies.

Ms. Kinsella thanked Ms. Lose for her idea about Board members attending site visits. Ms. Jackson agreed, noting that there is a lot to learn about all the aspects of the program. Ms. Tompkins also agreed. She said that is what she meant about a three-year term being just enough time to really learn the program. Ms. Hontz said WWC will make a better effort to keep Board members informed about upcoming site visits or trainings. A few Board members agreed that that would be helpful. Ms. Jackson said that having someone who works "in the field," such as ACS community coordinator, could address the Board regarding some of the issues they work with on a day-to-day basis would be informative. Ms. Kinsella wondered if Board members could attend the ACS Summit. Ms. Beckwith said there would probably be portions of those meetings that would be helpful for Board members. She said WWC could also bring in local community coordinators to address the Board. Those meetings could also take place in Board members' communities.

Ms. Beckwith said that there is talk about the essential benefits package under healthcare reform, but there are also conversations regarding what plans will be grandfathered, what diagnostic services will be offered beyond basic screenings, etcetera. She said that WWC may sometimes overlook the underinsured population because there are some many uninsured. She wondered if the underinsured segment might become more important under reform because so many people will have just a basic level of coverage and may face, for example, a $2,500 deductible beyond basic screening services. She suggested that someone who could provide more context to these conversations in terms of what this new healthcare landscape will mean to WWC would be a useful resource for the Board. Ms. Kinsella agreed.

Ms. Munnerlyn suggested that WWC clinical scholars could give an update to the Board. Ms. Kinsella said that, at the end of the meeting, she would give an update on the program's plans for the upcoming fiscal year. Ms. Munnerlyn said she would like to have the opportunity to talk to people in the community about the importance of regular healthcare. She said there are many underinsured and uninsured women that just do not realize that there is some way for them to access basic healthcare. She said she would like to try a seminar or a workshop to reach these women.

Ms. Kinsella said that this could be done in conjunction with the community coordinator because the coordinators have the materials and the outline for a presentation and Board members could be the voice. Ms. Munnerlyn said she would like to be the voice in outreach efforts because she is already well-known in the community and she feels that these women would listen to her because she is a WWC consumer and a breast cancer survivor. Ms. Beckwith said that there are two community coordinators in the Denver Metro area. She offered to connect Ms. Munnerlyn with the community coordinators.

Ms. Hontz said that WWC personnel often do a lot of the talking during meetings, so they are trying to step back and let the Board members have more active input. She suggested that, in light of the cardiovascular project and other developments, it might be time to review the Board's mission statement to see if it is still applicable and relevant. She said that as healthcare reform moves forward, it is likely that WWC will need to recraft its purpose and role. She also noted that it would be good for WWC personnel to get out into the community to be reminded of who the population is that they seek to serve and the barriers and challenges that those women face when accessing healthcare.

Ms. Martinez said that she appreciated being asked to be involved in the grant reviews for the applications. She said that really told her about what all of the other agencies are doing across the state and what great programs are happening. She said she got some great ideas that could even be implemented at her agency. She said getting Board members involved at that level was very helpful as far as understanding the whole WWC program. She said it was exciting to learn about the efforts of different agencies across the state. Ms. Hontz said, at each Board meeting, WWC could pick out a few agencies to highlight best practices. Ms. Kinsella said individual agencies could be highlighted in general as well, as far as who the agency serves, what they do and where they are located. Ms. Hontz commended Ms. Martinez for her continual advocacy for rural agencies during the grant review process. She noted that it was beneficial to have a statewide approach during the reviews.

Ms. Munnerlyn wondered if the Board could have updates on site visits. Ms. Hontz said program personnel would let Board members know when site visits are planned. Ms. Kinsella noted that community coordinators also do site visits and then report to Ms. Beckwith. She said a site visit summary could become a regular agenda item, such as the Data Updates. Ms. Beckwith said the focus of most of the WWC site visits involve core indicator performance and programmatic guidelines. On the other hand, the community coordinator site visits encompass a broader scope, such as recruitment, community updates, etcetera.

Ms. Tompkins asked how many community coordinators WWC has. Ms. Beckwith said there are nine: two in Denver Metro and the other seven are spread throughout different regional offices. All community coordinators are in the American Cancer Society. They are overseen by a supervisor Linda Gregory who is located in Grand Junction, and Ms. Beckwith works with Ms. Gregory. Some of the coordinators are full-time, but most are part-time based on where the need is.

Ms. Kinsella said WWC has submitted its Year 2 grant. She said funding of agencies to carry out clinical services, breast and cervical cancer screening, is the main funding allocation, and this will not change for the next fiscal year. There are some new agencies coming on board next year and some agencies are leaving the program. WWC will be bringing on a physician breast services consultant Dr. Juhi Asad. She will work with the program's clinical consultant Dr. Jan Shepherd, whose expertise tends to be a bit more on the cervical side. Ms. Kinsella explained that Ms. Walsh is a nurse practitioner, so the physician consultants serve as backup to Ms. Walsh. The physician consultants will also review WWC policies. Having this robust core of consultants, Drs. Shepherd and Asad and Ms. Walsh, will allow WWC to dissolve the Medical Advisory Committee, which has struggled to maintain solid attendance and involvement from its members. Under the new model, Ms. Kinsella will meet with consultants periodically. She noted that some of those committee members might be interested in serving on the Board.

Ms. Kinsella said, as discussed earlier, another project for the upcoming fiscal year will involve a pilot project with a couple of agencies who will provide patient navigation services. Those agencies may also be asked to perform a baseline assessment throughout their entire agency to determine how many women are getting breast versus cervical screening, how many have Medicaid, how many are underinsured versus uninsured, income levels of patients, etcetera. This data will look at all of the agency's clientele, not just its WWC population. WWC will then work with these agencies on policies and procedures to see if there is a way to increase screening rates among the entire population, not just in the WWC population. Tapping the same agencies for both of these projects will be useful because WWC will be able to see if the patient navigator program helped to increase screening rates overall. WWC will investigate and target appropriate agencies to reach out to with this opportunity at the beginning of the next fiscal year. They will receive additional funding to carry out these projects. WWC's approach will be modeled on a similar program that was undertaken in the colorectal cancer program.

Ms. Kinsella reviewed the clinical scholars program. She noted that the scholars are specially trained in case management, or the management of patients following an abnormal finding. The scholars then offer training to WWC agencies on how to provide case management within the individual agency, including best practices, etcetera. Currently, WWC has two clinical scholars. One works at Tri-County Health Department and one work at Teller County Health Department. Funding was provided this year to do two trainings. One was done in Lamar and one is planned in Durango in May. The training is clinical in nature.

One weakness of the trainings that has been identified is the fact that it is not reaching the right people. The people who tend to attend the training are front desk staff and other nonclinical people, and the training is really geared to clinical staff. For the upcoming fiscal year, only one training will be funded to focus on the new agencies that are joining WWC. After that, the clinical scholars program may be discontinued, or it may be continued with clinical scholars being available to provide consultation to individual agencies. The group training does not seem to be the best model because there is a great deal of variation in how different agencies provide case management.

Ms. Jackson said the Connect to Care program conference calls were helpful because agencies were able to share processes and best practices with other agencies, particularly new agencies. Ms. Kinsella said the Health Improvement Team (HIT) calls try to address some of these types of topics. Of course, even in that environment, all of the agencies are quite different in their processes.

Ms. Kinsella said WWC had asked for more money for the upcoming fiscal year, even though it was not expected that it would be received. WWC has seen some cost increases on the administrative side, including the cost to utilize the fiscal and contract departments, so in order to maintain screenings to the same number of women, the program will need more money to cover its increased costs. WWC also asked for money to hold a conference focused on healthcare reform and teaching all WWC agencies about it. It was going to hosted in combination with the Family Planning department, but Family Planning has moved forward with their planning, and WWC still does not know about their funding yet.

Also, Ms. Kinsella noted that sequestration will affect WWC funding for the upcoming fiscal year unless some other legislation is passed in the interim, but the only thing that is known at this time is a potential cut of 5-8 percent. Ms. Kinsella noted that this was part of the motivation for asking for increased funding. The CDC is investigating to see how much they can absorb before cuts are passed on to programs, but WWC is anticipating some cuts. In that case, the conference would be the first thing to go in order to preserve funding dollars for WWC's core program services. As far as possible, other expenses will be cut. For instance, Board members might be asked not to travel to Denver for meetings. WWC has also asked the fiscal and contract departments to consider absorbing some of these cuts, but this has not been successful thus far. The total awards granted through the RFAs were reduced in anticipation of these potential cuts. It will be easier to award agencies additional funds if the cuts are eliminated or reduced than it will be to take funds back after it has been awarded.

Ms. Beckwith said that WWC will be undertaking some partnership mapping with the community coordinators in the upcoming fiscal year. This will help measure the effect of the coordinators' partnership building within their communities and identify the potential benefits of those partnerships.

Ms. Kinsella said WWC has to do an evaluation plan next year with a stakeholder group, so there will be opportunities for Board members to participate in some of this planning and logic model development/refinement.

Ms. Kinsella said WWC is excited about the new agencies that will be joining the program in the upcoming fiscal year, including the Asian Pacific Development Center, Clinica Colorado, Dr. Whitehall, Parkview Training Centers and Mt. San Rafael Hospital in Trinidad. She said there are two providers targeting the Asian-American population. Ms. Beckwith said it will be interesting to see what happens with Inner City Health leaving the program. They were serving a largely African-American community. One of the requirements of the RFA was that agencies cannot subcontract out screening services, and Inner City did that in their plan, in spite of an email from WWC advising them that this would cause their RFA to fail. Since Inner City failed to address that issue, WWC had no choice but to eliminate them as a provider.

Ms. Jackson said that one very positive thing she saw in Colorado Springs was that the community coordinators were doing a focus group for WWC. Ms. Beckwith said WWC has been evaluating its marketing materials to determine what are the most effective communication tools for this target population and where women look for resources when they are seeking health information. Although a lot of research regarding how women value their own health and what they think about breast/cervical cancer, not a lot of research has been done regarding how best to deliver breast/cervical cancer screening information. This question is particularly critical in hard-to-reach populations that are not accessing the healthcare community at all.

Also, WWC will be evaluating which tools are most effective for providers to facilitate conversations with women. To this end, WWC has undertaken key informant interviews with providers within WWC agencies and focus groups with women who are eligible for WWC services, particularly women within the very hard-to-reach population. Recently, WWC has broadened the eligibility criteria. One focus group has been conducted so far. One of the interesting findings was the interaction between women who had not accessed the healthcare system and those who had recently had screening services. These focus groups will take place throughout the state, and then a webinar will be held to assess and analyze the results. Next year, if funding is available, findings from the focus groups will be used to restructure WWC marketing and information materials and outlets (e.g., radio advertising, social media, etcetera). One immediate focus will be to reduce the wordiness/information density of the materials that make the materials daunting and unappealing to read.

Ms. Hontz said contracts are starting to go out to agency providers currently. Hopefully, providers will be able to start screening on July 1. Providers should already know what their funding is for the upcoming fiscal year as they all received an award letter. Until the contracts are actually signed, though, WWC will not make any kind of public announcement because there is still the potential for things to go wrong (e.g., agencies need to have proper insurance in place, etcetera). Individual agencies are able to contact their community coordinator to let them know that they have been funded, although WWC will not contact the coordinators until all contracts are finalized.

Ms. Tompkins wondered about the restructuring at WWC. Ms. Kinsella said that she was replacing Rachel Foster as Program Director. Ms. Hontz said she is the Operations Coordinator, a newly refilled position within WWC that had been vacant for many years. Sandy originally held Ms. Foster's position. Sandy moved up to manage the various programs, including WWC, Chronic Disease, Healthy Living, etcetera. Ms. Foster then took over management of WWC. WWC moved from Healthy Living and Chronic Disease Prevention to the Women's Health Branch. Ms. Kinsella noted that the School-Based Health Center joined the Women's Health Branch, so in January the branch was renamed the Health Services and Connections branch. She said that a WWC organization chart could be developed. It was noted that Dee Thomas was doing something else in the Department and Joanne Vermeulen left the Department and is now at Komen.

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